



Maryland Weekly Influenza Surveillance Activity Report

A summary of influenza surveillance indicators reported to DHMH for the week ending January 2, 2016

Prepared by the Infectious Disease Epidemiology and Outbreak Response Bureau
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene

The data presented in this document are provisional and subject to change as additional reports are received.

SUMMARY

During the week ending January 2, 2016, influenza-like illness (ILI) intensity in Maryland was **MODERATE** and there was **WIDESPREAD** geographic spread. The proportion of outpatient visits for ILI reported by Sentinel Providers increased, and the proportion of visits for Maryland Emergency Departments remained similar to last week. There was a decrease in the proportion of MRITS respondents reporting ILI. The proportion of specimens testing positive for influenza at clinical laboratories decreased from last week. Four specimens tested positive for influenza at the DHMH lab (3 type A and 1 type B). Two influenza-associated hospitalizations were reported. One respiratory outbreak of pneumonia was reported. Nationally, as in Maryland, ILI activity has risen slightly over the past 2 weeks, but the low level of influenza detected by laboratory testing, coupled with the identification of other respiratory pathogens such as RSV, suggests that current ILI levels are mostly due to non-influenza viruses.

[Click here to visit our influenza surveillance web page](#)

ILI Intensity Levels

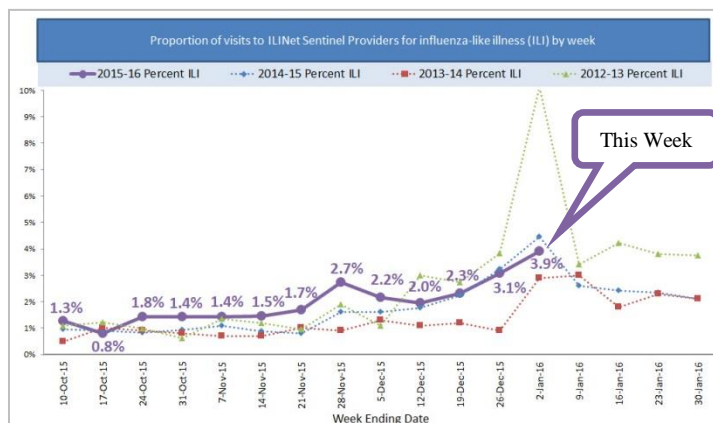
Minimal
Low
✓ Moderate
High

Influenza Geographic Spread

No Activity
Sporadic
Local
Regional
✓ Widespread

ILINet Sentinel Providers

Thirty sentinel providers reported a total of 4,927 visits this week. Of those, 193 (3.9%) were visits for ILI. This is **above** the Maryland baseline of **1.8%**.

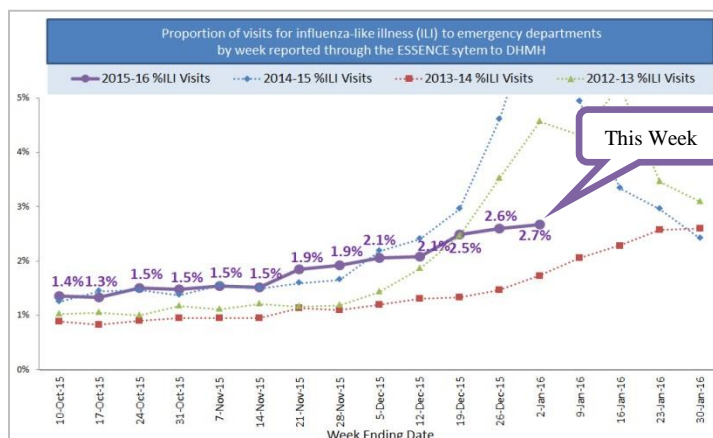


ILI Visits To Sentinel Providers By Age Group

	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	56 (29%)	34 (23%)	406 (24%)
Age 5-24	41 (21%)	55 (37%)	620 (37%)
Age 25-49	51 (26%)	29 (20%)	381 (23%)
Age 50-64	28 (15%)	19 (13%)	189 (11%)
Age ≥ 65	17 (9%)	11 (7%)	96 (6%)
Total	193 (100%)	148 (100%)	1692 (100%)

Visits to Emergency Departments for ILI

Emergency Departments in Maryland reported a total of 50,097 visits this week through the [ESSENCE surveillance system](#). Of those, 1,341 (2.7%) were visits for ILI.



ILI Visits To Emergency Departments By Age Group

	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	529 (39%)	520 (42%)	3926 (33%)
Age 5-24	359 (27%)	344 (28%)	3645 (31%)
Age 25-49	264 (20%)	192 (15%)	2686 (23%)
Age 50-64	112 (8%)	106 (9%)	991 (8%)
Age ≥ 65	77 (6%)	78 (6%)	645 (5%)
Unknown	--	--	--
Total	1341 (100%)	1240 (100%)	11893(100%)

Neighboring states' influenza information:

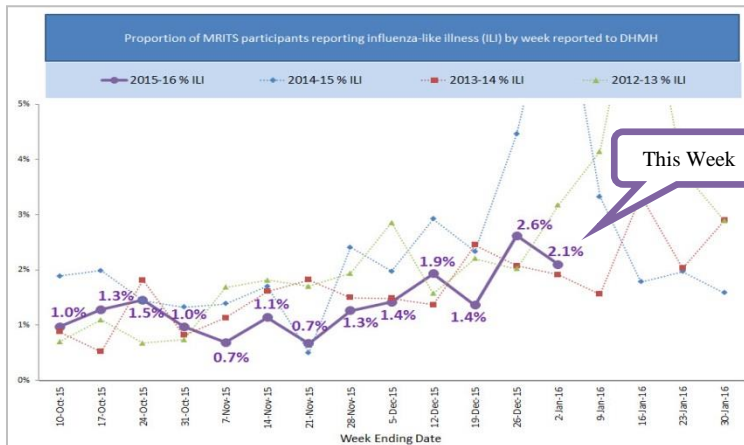
Delaware <http://dhss.delaware.gov/dph/epi/influenzahome.html>
District of Columbia <http://doh.dc.gov/service/influenza>
Pennsylvania [http://www.portal.state.pa.us/portal/server.pt/community/influenza_\(flu\)/14161](http://www.portal.state.pa.us/portal/server.pt/community/influenza_(flu)/14161)
Virginia <http://www.vdh.state.va.us/Epidemiology/flu/>
West Virginia <http://dhhr.wv.gov/oeps/disease/flu/Pages/fluSurveillance.aspx>

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Community-based Influenza Surveillance (MRITS)

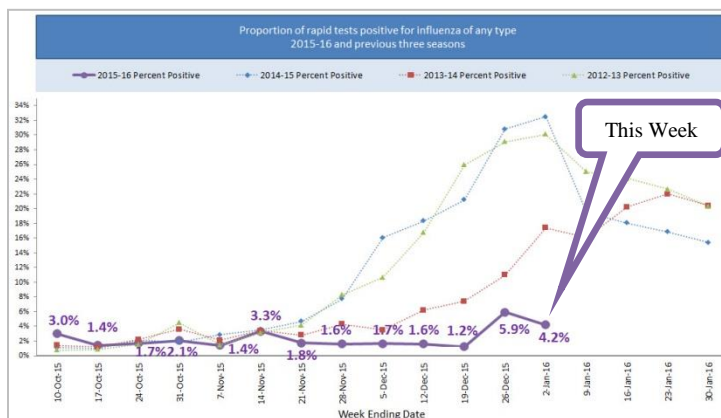
MRITS is the Maryland Resident Influenza Tracking System, a weekly survey for influenza-like illness (ILI). A total of 666 residents responded to the [MRITS survey](#) this week. Of those, 14 (2.1%) reported having ILI and missing a cumulative 50 days of regular daily activities.



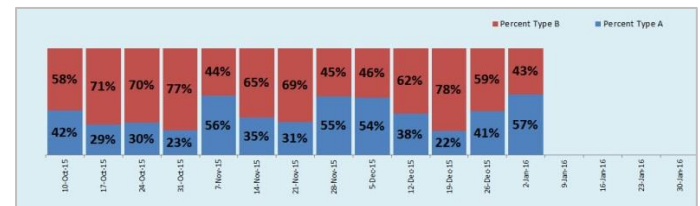
MRITS Respondents Reporting ILI By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	1 (7%)	1 (7%)	6 (5%)
Age 5-24	2 (14%)	2 (13%)	29 (26%)
Age 25-49	2 (14%)	4 (27%)	25 (23%)
Age 50-64	8 (57%)	6 (40%)	34 (31%)
Age ≥ 65	1 (7%)	2 (13%)	16 (15%)
Total	14 (100%)	15 (100%)	110 (100%)

Clinical Laboratory Influenza Testing

Forty-six clinical laboratories reported performing 1,049 influenza diagnostic tests, mostly rapid influenza diagnostic tests (RIDTs). Of those, 44 (4.2%) were positive for influenza. Of those testing positive, 25 (56.8%) were influenza Type A and 19 (43.2%) were influenza Type B. The [reliability of RIDTs](#) depends largely on the conditions under which they are used. False-positive (and true-negative) results are more likely to occur when the disease prevalence in the community is low, which is generally at the beginning and end of the influenza season and during the summer.

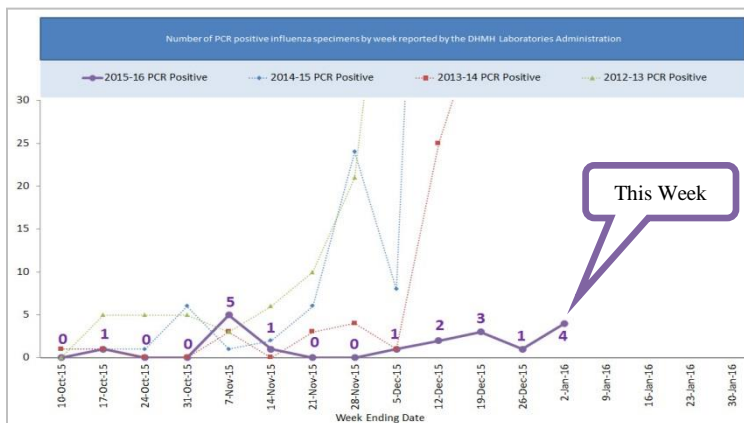


Positive Rapid Flu Tests by Type	This Week Number (%)	Last Week Number (%)	Season Number (%)
Type A	25 (57%)	21 (41%)	95 (42%)
Type B	19 (43%)	30 (59%)	130 (58%)
Total	44 (100%)	51 (100%)	225 (100%)



State Laboratories Administration Influenza Testing

The DHMH Laboratories Administration performed a total of 107 PCR tests for influenza and 4 (3.7%) specimen tested positive for influenza; 2 were Type A(H1), 1 was type A(H3), and 1 was type B. PCR testing is more reliable than RIDT. The DHMH testing identifies subtypes of influenza A, information that is not available from the RIDT results. The table below summarizes results by type and subtype.



Positive PCR Tests by Type (Subtype)	This Week Number (%)	Last Week Number (%)	Season Number (%)
Type A (H1)	2 (50%)	1 (100%)	9 (50%)
Type A (H3)	1 (25%)	--	6 (33%)
Type B (Victoria)	--	--	1 (6%)
Type B (Yamagata)	1 (25%)	--	2 (11%)
Total	4 (100%)	1 (100%)	18 (100%)

Where to get an influenza vaccination

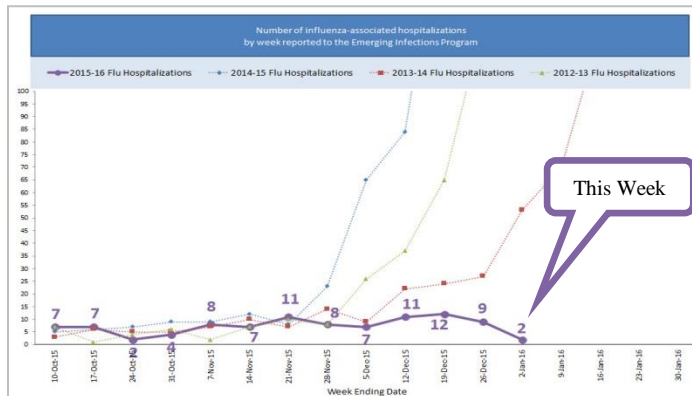
Interested in getting a flu vaccine for the 2015-16 influenza season? Go to <http://dhhm.maryland.gov/flumd/SitePages/getvaccinated.aspx> and click on your county/city of residence. You will be redirected to your local health department website for local information on where to get your flu vaccine.

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Influenza-associated Hospitalizations

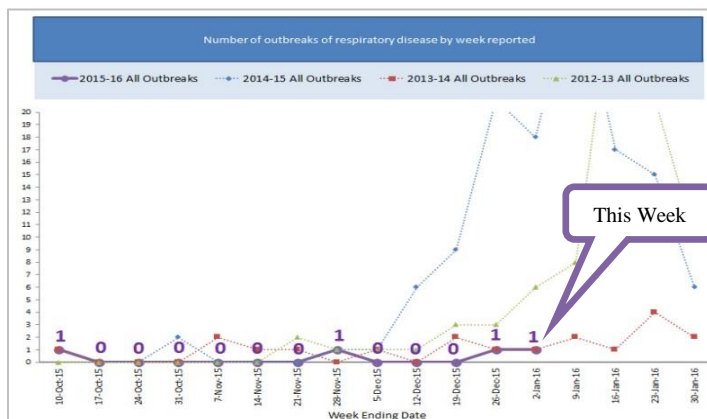
Two influenza-associated hospitalizations were reported to DHMH at the time this report was published. (A person with an overnight hospital stay along with a positive influenza test of any kind, e.g. RIDT or PCR, is considered an “influenza-associated hospitalization” for purposes of influenza surveillance.)



Influenza-Associated Hospitalizations by Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	--	--	17 (18%)
Age 5-17	--	1 (11%)	10 (11%)
Age 18-24	--	--	1 (1%)
Age 25-49	--	2 (22%)	13 (14%)
Age 50-64	1 (50%)	4 (44%)	19 (20%)
Age ≥ 65	1 (50%)	2 (22%)	35 (37%)
Total	2 (100%)	9 (100%)	95 (100%)

Outbreaks of Respiratory Disease

There was 1 respiratory outbreak reported to DHMH this week. (Disease outbreaks of any kind are reportable in Maryland. Respiratory outbreaks may be reclassified once a causative agent is detected, e.g. from ILI to influenza.)



Respiratory Outbreaks by Type	This Week Number (%)	Last Week Number (%)	Season Number (%)
Influenza	--	--	--
Influenza-like Illness	--	--	--
Pneumonia	1 (100%)	1 (100%)	4 (100%)
Other Respiratory	--	--	--
Total	1 (100%)	1 (100%)	4 (100%)

National Influenza Surveillance (CDC)

During week 52 (December 26, 2015-January 2, 2016), influenza activity increased slightly in the United States.

- Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 52 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.
- Novel Influenza A Virus:** One human infection with a novel influenza A virus was reported.
- Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- Influenza-associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported.
- Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 2.8%, which is above the national baseline of 2.1%. Seven of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and two states experienced moderate ILI activity; seven states experienced low ILI activity; 39 states experienced minimal ILI activity; and the District of Columbia had insufficient data.
- Geographic Spread of Influenza:** The geographic spread of influenza in Guam and two states were reported as widespread; six states reported regional activity; 13 states reported local activity; the U.S. Virgin Islands and 27 states reported sporadic activity; the District of Columbia and two states reported no influenza activity; and Puerto Rico did not report.

